

(828) 465-8399 Office Number  
(828) 465-8962 Newton Fax Number

# Catawba County Application for Permit

www.catawbacountync.gov  
P.O Box 389 Newton, NC 28658

FAX ☐ CALL ☐ WITH ISSUED PERMIT #  
TO THIS NUMBER (\_\_\_\_) \_\_\_\_\_

(Please print or type)

Type of Permit ☐ Electrical ☐ Plumbing ☐ Mechanical ☐ Fire Date \_\_\_\_\_

Active Building / Mobile Home Permit # \_\_\_\_\_ Property ID # (if known) \_\_\_\_\_

\*If no active Building or Mobile Home permit please list driving directions from a major intersection: \_\_\_\_\_

Use of structure: ☐ Mobile Home ☐ Single family ☐ Multi family ☐ Commercial ☐ Industrial/Factory ☐ Church Owned ☐ Gov't Owned ☐ Accessory

Physical 911 Address of Project \_\_\_\_\_

Owner or Business \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Subcontractor \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ License # \_\_\_\_\_

General Contractor \_\_\_\_\_ Telephone \_\_\_\_\_

Design Professional \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ NC Reg # \_\_\_\_\_

Power/Utility Company Servicing the Location: \_\_\_\_\_ Type of Gas Service (Nat. or Propane) \_\_\_\_\_

Describe work to be done under this Permit: \_\_\_\_\_

ELECTRICAL (List each panel separately) Panel # 1 \_\_\_\_\_ Amps Panel # 2 \_\_\_\_\_ Amps Panel # 3 \_\_\_\_\_ Amps Panel # 4 \_\_\_\_\_ Amps

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> New Building Wiring                | <input type="checkbox"/> Pole Service   | <input type="checkbox"/> Wire Mechanical unit only (No Svc Chg) Total# _____ |
| <input type="checkbox"/> Additional Service (existing bldg) | <input type="checkbox"/> Service Chg. Amps _____  | <input type="checkbox"/> Interior Wiring (No Service Change)                 |
| <input type="checkbox"/> Addition of Sub Panel              | <input type="checkbox"/> Load Control   | <input type="checkbox"/> RV Service  |
| <input type="checkbox"/> Saw Service                        | <input type="checkbox"/> Mobile Home  | <input type="checkbox"/> Other (List) _____                                  |
| <input type="checkbox"/> Sign Service                       | <input type="checkbox"/> Modular Home   | Total Electrical Cost \$ _____   |
| <input type="checkbox"/> Service Repair                     | <input type="checkbox"/> Swimming Pool (Size ____x____) (Work you will perform) ____Bonding ____Associated Wiring |  |

PLUMBING (Include all future rooms that may be roughed in)

- |  |  |
|--|--|
| <input type="checkbox"/> Full Bathrooms Total # installed _____                      | <input type="checkbox"/> Gas Line/Pressure Test only |
| <input type="checkbox"/> Half Bathrooms (Toilet & Sink only) Total # installed _____ | <input type="checkbox"/> Modular Home                |
| <input type="checkbox"/> Mobile home (new set-up only)                               | <input type="checkbox"/> Other (List) _____          |
| <input type="checkbox"/> Water Heater (Electric, Gas)                                |  |

MECHANICAL (Check One) ☐ New Installation ☐ Change out existing system

- |  |  |
|--|--|
| <input type="checkbox"/> Heat Pump or Furnace with A/C Total # _____   | <input type="checkbox"/> Gas Line/ Pressure Test <input type="checkbox"/> Other (List) _____ |
| <input type="checkbox"/> Furnace (Oil, Gas, or Electric) Total # _____ | <input type="checkbox"/> Gas Logs Total # _____ <input type="checkbox"/> Mobile Home         |
| <input type="checkbox"/> Air Conditioner Total # _____                 | <input type="checkbox"/> Unit Heater Total # _____   |
| <input type="checkbox"/> Water Heater (Electric/Gas) Total # _____     | <input type="checkbox"/> Modular Home  |

FIRE (Check permit type applicable)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Fire Extinguishing System       | <input type="checkbox"/> Compressed Gases    | <input type="checkbox"/> Spraying & Dipping        |
| <input type="checkbox"/> Fire Alarm/Detection System     | <input type="checkbox"/> Hazardous Materials | <input type="checkbox"/> Standpipe Systems         |
| <input type="checkbox"/> Fire Pumps & Related Equipment  | <input type="checkbox"/> Industrial Ovens    | <input type="checkbox"/> Temp. Membrane Structures |
| <input type="checkbox"/> Flammable & Combustible Liquids | <input type="checkbox"/> PVT Fire Hydrants   | <input type="checkbox"/> Other _____               |

\*\*All fees entered by Permit Center, **DOUBLE FEE** charged for work started prior to obtaining permit.\*\*The undersigned makes application for permits and inspection of work described and agrees to comply with all applicable State, County codes and laws regulating the work.

PRINT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
(Subcontractor) License Holder/Owner